

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | SERIAL NO. 09970644 | FILING DATE |
|--------------|----------|------|------------------------|------|------------------------|------------------------|-------------|
| | | | | | | APPLICANT(S) | |
| CLAIMS | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
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| 5 | | j | | | | | |
| 6 | | j | | | | | |
| 7 | | j | | | | | |
| 8 | | j | | | | | |
| 9 | | j | | | | | |
| 10 | | j | | | | | |
| 11 | | j | | | | | |
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| 13 | | j | | | | | |
| 14 | | j | | | | | |
| 15 | | j | | | | | |
| 16 | | j | | | | | |
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| 18 | | j | | | | | |
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| 24 | | j | | | | | |
| 25 | | j | | | | | |
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| 27 | | j | | | | | |
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| TOTAL IND. | 3 | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 26 | | ↔ | | ↔ | | ↔ |
| TOTAL CLAIMS | 29 | | | | | | |

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| TOTAL IND. | | | ↓ | | ↓ | |
| TOTAL DEP. | | | ↔ | | ↔ | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS